



Acacium Group

**Acacium Group Community SOP
MEDS 10 Vaginal Administration**

Procedure Reference | SOP MEDS 10

Version | V4.0

Procedure Name	Acacium Group Community SOP MEDS 10 Vaginal Administration
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to vaginal administration of medication
Target Audience	All nurses and appropriately trained carers
Version	V4.0
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Last Reviewed	3 yearly, or when clinical or operation guidelines change
Next Review Date	August 2025
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/VM
V1	Apr 2018	Updated front sheet to include new review frequency date	KMS/VM
V2	Sep 2019	3 Yearly review and implementation of new template	Clinical Advisory Group
V2.1	Apr 2020	Updated to new Community Template	CC
V2.2	Oct 2020	Updated re Rebrand	CC
V3	Aug 2022	3 Yearly Review	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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1. Introduction

Vaginal medicines are most commonly used to combat infection, inflammation, or dryness of the vaginal mucosa.

2. Aim

To administer vaginal medications, according to Acacium Group policies and procedures, promoting safety, privacy and dignity for the client.

3. Definitions

Vaginal medicines are topical agents prepared specifically for insertion into a woman's vagina. They are compounded in the form of a cream, foam, gel, tablet, or pessary, and are absorbed through the vaginal mucosa.

4. General

Check the consent of the client has been obtained and is recorded in the daily record sheets, check the client is happy for you to proceed and understands what you are about to do. Where possible a chaperone should be offered if one is not available and is required follow the escalation process.

Please note the client could be vulnerable, confused or scared. It is important to note that the client may have issues with social and emotional communication due to difficulties with mental health or learning disability, as such this should be considered when obtaining consent.

A child, vulnerable person or someone with learning difficulties etc may have another person, such as a family member, acting on their behalf which you must consider when seeking consent.

The six rights: Prior to administering any medications it is important to consider the six rights:

- right drug
- right time
- right dose
- right route
- right client
- right to refuse

As well as the six rights it is also important to consider the right position and the right documentation.

5. Equipment

- prescription chart
- prescription medication
- appropriate PPE as per current guidelines
- disposable sanitary towel
- lubricating jelly
- tissues
- blanket or sheet
- hand washing facilities – preferred – bactericidal soap and water or bactericidal hand rub.

6. Procedure

	Action	Rationale
1.	Explain and discuss the procedure. Ensure a chaperone attends where requested and explain the reason.	To ensure client understands procedure and gives consent. So that Acacium Group staff are legally protected in the event of a complaint or allegation.
2.	Close doors and curtains to ensure persons are not going to interrupt.	To promote privacy and dignity.
3.	Check the prescription chart for drug, dose, route of administration, date and time for administration, validity of prescription and the signature of doctor or prescriber. Also check the expiry date of the medication.	To ensure the vaginal administration of the drug to be administered is the correct one and there is valid reason to give it.
4.	Select pessary, cream, foam, gel tablet etc. for administration, double-checking against the prescription chart.	To ensure correct medication is used.
5.	Assist the client into their preferred/most appropriate position, maintaining comfort, either left lateral with buttocks to the edge of the bed or supine with the knees drawn up and legs parted.	To facilitate easy access to the vaginal canal and correct insertion of the pessary.
6.	Cover any parts of the body that are not required for the procedure.	To promote dignity.
7.	Wash and dry hands with available hand washing equipment.	Minimise infection and the risk of cross infection.
8.	Put on PPE.	Minimise infection and the risk of cross infection.
9.	Apply lubricating jelly if using a pessary or tablet.	To facilitate insertion of the pessary and promote client comfort.
10.	Insert the pessary along the posterior vaginal wall and into the top of the vagina.	To ensure the pessary is retained and the medication can reach maximum efficiency.
11.	Wipe away any excess lubricating jelly from the client's vulval and / or perineal area with a topical swab or paper towel.	To promote client comfort.
12.	Make the client comfortable and apply a clean sanitary towel if required.	To absorb any excess discharge.
13.	Remove and dispose of all waste.	Safe disposal of waste.
14.	Record the administration on the Mar chart and client notes.	Correct documentation to allow follow on care.

	Maintain that client wellbeing after procedure is documented.	In case they experience any pain/discomfort etc.
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7. Associated Policies / SOPs

Policies

CLIN 03 Medicines Management Policy
 CLIN 14 Health Records Management Policy
 CLIN 06 Consent Policy
 ORG 02 Risk Management Strategy Policy

SOPs

SOP Meds 09 Removal of Medicines from Client's Home
 SOP Meds 11 Topical & Transdermal Application of Medicines
 SOP Meds 19 Self Administration of Medicines
 SOP GEN 06 Chaperoning service users

8. References

- CQC Medicines training and competency in adult social care settings – this relates to appropriate training, support and competencies making care safe, high quality and consistent (Training is referred to in all SOP's)
- NICE Guidance NG67 Managing medicines for adults receiving social care in the community March 2017 – this relates to general medicines management and details all processes
- The Pharmaceutical Journal Exploring the unconventional routes — rectal and vaginal dosage formulations Aug 2012

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group